

**Ryan White Title I  
Service Delivery Policies  
Fiscal Year 2006-07  
(Year 16)**

**Section VI –  
Client Eligibility Requirements**



***Miami-Dade County  
Office of Strategic Business Management***

**- THIS PAGE INTENTIONALLY LEFT BLANK -**

**Excerpt from the FY 2006-07 Ryan White Title I Professional Services Agreement**  
**(YR 16 Continuation Contract Shell)**

**Article VI**  
**Reporting, Record-keeping and Evaluation Studies**

6.1 The SERVICE PROVIDER shall keep adequate records of clients served and the services provided to those clients in order to submit reports as required by the COUNTY and by the U.S. Department of Health and Human Services. Furthermore, the SERVICE PROVIDER shall maintain, and shall require that its subcontractors and suppliers maintain, complete and accurate records to substantiate compliance with the requirements set forth herewith in Exhibit A, Scope of Services. The SERVICE PROVIDER and its subcontractors and suppliers, shall retain such records, and all other documents relevant to the services furnished under this Agreement for a period of five (5) years from the expiration date of this Agreement and any extension thereof.

A. At a minimum, the following records shall be kept:

- (1) Documentation of clients having HIV spectrum disease: a copy of lab results (Western Blot, ELISA, viral load or culture); a positive HIV viral culture or test result; a detectable HIV viral load; or a Ryan White Title I Certified Referral Form from a Title I funded service provider indicating the type of documentation that is maintained on file at the referral site will be accepted as sufficient proof under this Agreement;
- (2) Documentation of the client's economic status, including but not limited to one of the following: a copy of the client's paycheck stubs, Social Security Insurance (SSI) checks, Temporary Assistance for Needy Families (TANF) checks, or other public assistance checks, W2 Forms, Tax Return Forms, SSI and TANF Letters of Notification of Benefits, as well as other letters of notification of benefits (i.e., Social Security Administration, Medicaid, Medicare, Food Stamps, etc.), letter from head of household, and in extreme cases only a client's written self-declaration of his/her economic status. If the client is referred by another Title I funded service provider, a Ryan White Title I Certified Referral Form indicating the type of documentation that is maintained on file at the referral site will be accepted as sufficient documentation under this Agreement;
- (3) Documentation of the client's permanent physical residency in Miami-Dade County, including but not limited to one of the following: a copy of the client's State of Florida driver's license; State of Florida Identification Card; rental lease, mortgage or rent receipts in the name of the client indicating a physical living address in Miami-Dade County; Declaration of Residence as issued by the Miami-Dade County Courthouse; Miami-Dade County utility bills in the client's name; or a Ryan White Title I Certified Referral Form from a Title I funded service provider indicating the type of documentation that is maintained on file at the referral site, will be accepted as sufficient documentation under this Agreement;

**- THIS PAGE INTENTIONALLY LEFT BLANK -**

**2006 HHS FEDERAL POVERTY GUIDELINES**  
**Annual Income Ranges**

Family Size	A <100%	B 101-150%	C 151-200%	D 201-250%	E 251-300%	F >300%
1	< or equal to \$9,800 - \$9,897	\$9,898 - \$14,700	\$14,798 - \$19,600	\$19,698 - \$24,500	\$24,598 - \$29,400	\$29,400 +
2	< or equal to \$13,200 - \$13,331	\$13,332 - \$19,800	\$19,932 - \$26,400	\$26,532 - \$33,000	\$33,132 - \$39,600	\$39,600 +
3	< or equal to \$16,600 - \$16,765	\$16,766 - \$24,900	\$25,066 - \$33,200	\$33,366 - \$41,500	\$41,666 - \$49,800	\$49,800 +
4	< or equal to \$20,000 - \$20,199	\$20,200 - \$30,000	\$30,200 - \$40,000	\$40,200 - \$50,000	\$50,200 - \$60,000	\$60,000 +
5	< or equal to \$23,400 - \$23,633	\$23,634 - \$35,100	\$35,334 - \$46,800	\$47,034 - \$58,500	\$58,734 - \$70,200	\$70,200 +
6	< or equal to \$26,800 - \$27,067	\$27,068 - \$40,200	\$40,468 - \$53,600	\$53,868 - \$67,000	\$67,268 - \$80,400	\$80,400 +
7	< or equal to \$30,200 - \$30,501	\$30,502 - \$45,300	\$45,602 - \$60,400	\$60,702 - \$75,500	\$75,802 - \$90,600	\$90,600 +
8	< or equal to \$33,600 - \$33,935	\$33,936 - \$50,400	\$50,736 - \$67,200	\$67,536 - \$84,000	\$84,336 - \$100,800	\$100,800 +
9	< or equal to \$37,000 - \$37,369	\$37,370 - \$55,500	\$55,870 - \$74,000	\$74,370 - \$92,500	\$92,870 - \$111,000	\$111,000 +
10	< or equal to \$40,400 - \$40,803	\$40,804 - \$60,600	\$61,004 - \$80,800	\$81,204 - \$101,000	\$101,404 - \$121,200	\$121,200 +
+1	\$3,400	\$5,100	\$6,800	\$8,500	\$10,200	\$10,200

Note: For families with more than ten (10) members, add for EACH additional family member the amount indicated in the "+1" row under the appropriate poverty level.

SOURCE: Federal Register, Volume 71, Number 15, January 24, 2006, pp. 3848-3849.

**- THIS PAGE INTENTIONALLY LEFT BLANK -**

**-- END --**